

## VIEWPOINTS

### Assessing Capacity of Hospitals to Partner With Academic Programs for Experiential Education

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Recognizing the critical need to assess the current status and future capacity of hospitals and health systems to engage in partnerships for experiential education, the American Association of Colleges of Pharmacy (AACP) and the American Society of Health-System Pharmacists (ASHP) collaborated on a study in the interest of advancing quality experiential education. As described in the full report<sup>1</sup> ("Capacity of Hospitals to Partner with Academia to Meet Experiential Education Requirements for Pharmacy Students") jointly published in the *American Journal of Health-System Pharmacy* and the *American Journal of Pharmaceutical Education*, the primary purpose of this work was to determine whether there is sufficient capacity in hospitals and health systems to accommodate the growing number of students requiring introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE). The study also explored the benefits and challenges associated with academic-practice partnerships for experiential education in these settings, factors influencing participation, and information on the student experience to inform opportunities for improvement and collaboration. We address the specific findings that can result in actionable priorities for academic pharmacy in this Viewpoint.

#### Key Findings of Importance for Academia

- The majority of respondents reported partnering with multiple colleges/schools of pharmacy for experiential education. Standardization and coordination among the colleges and schools was cited among the top challenges identified by hospital directors.
- Preparation for practitioner preceptors to be effective teachers was cited as an unmet need.
- Current participation by hospitals and health systems in the study sample was influenced by intrinsic motivation (eg, professional responsibility, mission congruence) and extrinsic factors, such as staff development and introducing/enhancing pharmacy services.
- Those hospitals that are already engaged in experiential education projected future capacity for introductory and advanced pharmacy practice experiences.

- The majority of directors favored multiple placements at the same site for a given student.
- Those hospitals conducting ASHP-accredited residencies were almost universally also engaged in experiential education for pharmacy students.

#### Key Action Priorities

The findings provide guidance to colleges and schools of pharmacy and hospital and health-system practice partners for enhancing the capacity, quality, efficiency, and success of partnerships for experiential education and also point toward several action priorities for AACP and ASHP, their members, and other stakeholders. Specific priorities that merit the attention of academic pharmacy include the following:

**Standardization of Processes.** *Given that hospitals and health systems currently partner with multiple colleges and schools and that increasing the number of experiential education placements of students is likely to increase the number of partnerships, standardization of processes and evaluations (administrative and academic) and a reduction in variance in scheduling (eg, duration of experience, calendar, etc) should be encouraged at multiple levels (national, regional, local) to facilitate efficiency and quality.*<sup>1</sup>

The standardization of processes and development of universal and psychometrically validated competency-based experiential student evaluation instruments would be welcomed by preceptors and site administrators. Likewise, nationally validated assessment instruments may allow for reciprocal agreements between state boards of pharmacy to recognize internship hours irrespective of the practice site's geographic location. Whether due to desire or necessity, we anticipate that more students will be assigned to experiential rotations at sites geographically removed from their respective academic program. A mechanism is needed to demonstrate consistency in outcomes resulting from experiences across settings and geographic locations.

A number of collaborative statewide and regional efforts are underway at various stages of maturation. These collaborations are directed toward standardization of processes (administrative and academic) across participating academic programs. Such approaches to

standardization were described recently in the *Journal*.<sup>2,3</sup> AACP is supporting a pilot test of the universal approach to evaluating student performance in advanced pharmacy practice experiences conducted by the 2007-08 AACP Academic Scholar-in-Residence.<sup>2</sup>

**Preceptor Preparation.** *Academic pharmacy and health-system pharmacy should collaborate to ensure the availability and standardization of educational preparation for preceptors.*<sup>1</sup>

A number of resources exist to address this need and are available through the Professional Experience Program Resource Library<sup>4</sup> developed by AACP through the Academic Practice Partnership Initiative (see [www.aacp.org/Resources](http://www.aacp.org/Resources)). AACP is a partner with Western University of Health Sciences in *Education Scholar*,<sup>5</sup> a comprehensive online interdisciplinary faculty development program. A new module, *Learning in the Experiential Setting*, was introduced in 2008. Specifically designed for health professions educators seeking to enhance teaching skills and develop a scholarly approach to teaching, this new module has been designed for preceptors including postgraduate residents in the health sciences. AACP is committed to advancing this agenda with our practitioner partners.

**Construct Partnerships to Provide Mutual Value.** *Leaders at the administrative level of colleges and schools of pharmacy, hospital and health-system pharmacy departments, and hospitals and health systems should engage in dialogue to initiate and sustain successful experiential education partnerships that provide mutual value for the colleges and schools and the hospitals and health systems.*<sup>1</sup>

A majority of respondents indicated that students could be assigned to mutually beneficial activities, providing structured learning experiences for students and adding value to patient care (eg, medication reconciliation, service improvement projects, and assisting with literature searches) for the sites. The expansion of activities to include medication reconciliation and medication discharge counseling needs to be encouraged given the recent Joint Commission on Accreditation of Healthcare Organizations requirements.<sup>6,7</sup> The abilities used to perform these activities by students are transferable to most pharmacy practice settings upon employment. An approach to prepare students to participate in the process of medication reconciliation, including medication history taking, and medication discharge counseling along with appropriate documentation should be developed and adopted by colleges and schools of pharmacy in conjunction with practice partners.

The findings also identified benefits to hospital sites, including advances in pharmacy services, that may be useful to colleges and schools in communicating with

pharmacy directors and their administrators to formalize sustained partnerships for experiential education. Developing new or expanded pharmacy services and documenting the clinical and economic value is a way to provide benefits to the hospital or health system that can have sustained impact.

The finding of a significant relationship between conducting an ASHP-accredited residency program and participation in experiential education suggests that, as colleges and schools consider program development initiatives in their planning, they may want to engage in dialogue with hospital and health-system administrators in a multilevel partnership model for the education of students and residents.

*Colleges and schools should collaborate with hospitals and health systems to develop curricular models for introductory experiences in hospitals and health systems so that students progress from introductory to increasingly complex levels of pharmacy services as they advance in their doctor of pharmacy programs.*<sup>1</sup>

To address the need for consistency in experiential education outcomes, AACP will take the lead in convening a stakeholder panel of experts to develop a universal set of IPPE competencies and assessment strategies.

Given the accreditation mandate for IPPEs, it is now possible for students to have repeated exposure to practice environments throughout their program, beginning with the introductory placements and progressing through advanced pharmacy practice experiences. Such repeated exposure over time can assist in the early professionalization of students by providing opportunities for students to gain an appreciation for hospital and health-system practice in their formative years of professional education that historically occurred in the final year of the educational program.<sup>8</sup>

Professional experience program administrators should assess the feasibility of accommodating multiple placements of students at individual hospitals at either or both the introductory or advanced levels. It is worthy to note that directors in this study correlated their participation in experiential education with recruitment of employees (student- and practitioner-level) and residents. Multiple placements at a particular site also may be a strategy to address issues of geographic proximity and ease the burdens of orientation to a facility by students and preceptors alike.

While the findings of this study indicate adequate capacity projected through 2012 for experiential education in hospitals, it is incumbent upon AACP and our respective stakeholders to interpret the findings on benefits and challenges to inform strategies for developing successful partnerships for enhanced quality experiential

education. Engagement in experiential education is an institutional commitment for both partners—practice site and academic program—requiring open communication, investment, and value on both sides. At an association level, these findings inform opportunities for AACP and ASHP to document and communicate the value of partnering between hospitals and pharmacy education programs and to support efforts related to standardization of processes and preceptor preparation.

## References

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